

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097936758

FILING DATE

APPLICANT(S)

BEST AVAILABLE CO.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2	1		1		1		52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10		2		2		2	60						
11		2		2		2	61						
12		2		2		2	62						
13							63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	0	2	0	2	0	TOTAL IND.						
TOTAL DEP.	13	0	9	0	12	0	TOTAL DEP.						
TOTAL CLAIMS	15		11		14		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS